

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Thomas P. HEDMAN

Serial No: 10/786,861

Filed: February 24, 2004

For: NON-TOXIC CROSSLINKING REAGENTS TO
RESIST CURVE PROGRESSION IN SCOLIOSIS AND
INCREASE DISC PERMEABILITY

Art Unit: 89188.0058

Examiner: Eric Olson

I hereby certify that this correspondence
is being transmitted via electronic filing to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on
February 15, 2008
Date of Deposit
Nancy Nolen
Name
Nancy Nolen
Signature
02/15/08
Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	15		19 **	0	LG=\$50 SM=\$25 \$[FEE]	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5 ***	0	LG=\$210 SM=\$105 \$[FEE]	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1, 2, 19, 20, 21					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: *Lawrence J. McClure*Lawrence J. McClure
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Date: February 15, 2008

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